

**THE MICHIGAN DEPARTMENT OF CIVIL SERVICE IS ACCEPTING APPLICATIONS FOR
ADMINISTRATIVE SUPPORT EXAMINATION**

No. 5029

— A Computer-Administered Test Is Required —

All persons offered employment in the classified service are required to submit to and pass a preemployment drug test as a condition of employment.

Applicant pools will be maintained for the following job titles:

Job Titles	Min Hourly Rate as of 10/1/2002	Max Hourly Rate as of 10/1/2002
Accounting Assistant 5-E7	\$12.12	\$16.74
Calculations Assistant 5-E7	\$12.12	\$16.74
Communications Assistant 5-E7	\$12.12	\$16.74
Data Coding Operator 5-E7	\$12.12	\$16.74
Data Processing Assistant 6-E7	\$12.97	\$16.74
<i>Executive Secretary* E10-11</i>	\$15.30	\$20.50
General Office Assistant 5-E7	\$12.12	\$16.74
<i>Legal Secretary* 7-9</i>	\$13.80	\$18.73
Library Assistant 5-E7	\$12.12	\$16.74
Medical Benefits Reviewer 5-E7	\$12.12	\$16.74
Personnel Management Assistant 7-E8	\$13.77	\$17.53
<i>Secretary* 7-9</i>	\$13.80	\$18.73
<i>Word Processing Assistant* 5-E7</i>	\$12.12	\$16.74
Workers' Compensation Assistant E8	\$14.58	\$17.53
<i>* These job titles require a typing speed of 40 corrected words per minute.</i>		

Minimum Requirements

Applicants must possess the knowledge and skills typically acquired through completion of high school. No specific type or amount of experience is required for jobs at the 5 level. One year of general administrative support work is required for most jobs at the 6 level. Other job titles (listed below) require applicants to possess the specified experience to be eligible for employment. **Refer to job specifications for exact requirements for all job titles and levels.**

JOB TITLE

Executive Secretary

Legal Secretary

Personnel Management Assistant

Secretary

Workers' Compensation Assistant

MINIMUM EXPERIENCE REQUIRED

Five years of typing-related administrative support work.

Two years of typing-related administrative support work.

Two years of general administrative support work.

Two years of typing-related administrative support work.

Three years of general administrative support work, including two years processing workers' disability compensation claims.

COMPUTER-ADMINISTERED EXAMINATION

The two-hour, computer-administered examination consists of twelve multiple-choice sections, followed by a typing performance test. The multiple-choice sections are Categorizing and Classifying, Editing and Proofing, Filing Names, Filing Numbers, Following Written Instructions, Forms Checking, Math, Math Word Problems, Reasoning, Sorting and Coding, Visual Speed and Accuracy, and Vocabulary. You **MUST TAKE** all thirteen sections of the examination, unless you possess one of the waivers described below.

WAIVERS OF THE EXAMINATION REQUIREMENTS

OPTION ONE: You may waive the twelve multiple-choice sections if you possess an associate's degree from an accredited institution with a major in records management, medical insurance specialist, accounting, office administration, or administrative assistant. Attach a photocopy of the official college transcript to the application.

OPTION TWO: You may waive the entire examination if you possess an associate's degree from an accredited institution with a major in secretarial science. Attach a photocopy of the official college transcript to the application.

OPTION THREE: You may waive the typing performance test under one of the following conditions:

1. You are a current state employee in the Executive Secretary, Legal Secretary, Secretary, or Word Processing Assistant job title.
2. You have passed a typing test given by a state department personnel office, an accredited educational institution, or an employment agency such as Kelly Services, etc. The typing proficiency documentation must be on letterhead stationary and signed by the personnel officer of a state agency; the registrar, dean, or community education director of an accredited educational institution; or an approved test administrator. **The documentation must contain your name, address, date tested, and the number of corrected words per minute.**
3. You possess a secretarial certificate (3 terms) or diploma (4 terms) from an accredited educational institution. Attach a photocopy of the official college transcript to the application.

OPTION FOUR: You may waive the entire examination for Executive Secretary E10-11, Legal Secretary 9, and Secretary 9 if you are a current state employee in the Executive Secretary E10-12, Legal Secretary E8-9, Secretary E8-9, or Senior Executive Management Assistant 9-15 job titles.

EXAMINATION SCHEDULING

After we have reviewed your application, you will receive a letter explaining how to schedule yourself to take the examination. The examination may be offered on a weekday or Saturday. Current state employees should contact their department personnel office for their department's policy on administrative leave to take Civil Service examinations.

HOW TO APPLY

You may apply by completing the Administrative Support Application (CS-102_5029) attached to this announcement. You may also apply by completing the Administrative Support Application on our web site, at www.michigan.gov/mdcs. Fax, mail, or e-mail completed Administrative Support Applications to one of the following offices:

Department of Civil Service
Capitol Commons Center
400 South Pine Street
PO Box 30002
Lansing, Michigan 48909
FAX (517) 373-3867
e-mail: MDCS-BHRS@michigan.gov

Department of Civil Service
Detroit Regional Office
Cadillac Place, Suite 4-400, 4th Floor
3042 West Grand Boulevard
Detroit, Michigan 48202
FAX (313) 456-4411

Please direct questions to any of the following Civil Service telephone numbers:

Lansing
(517) 373-3048
TTY (517) 335-0191

Detroit
(313) 456-4400
TTY (313) 456-4409

Outside Lansing or Detroit
Toll-free 1-800-788-1766

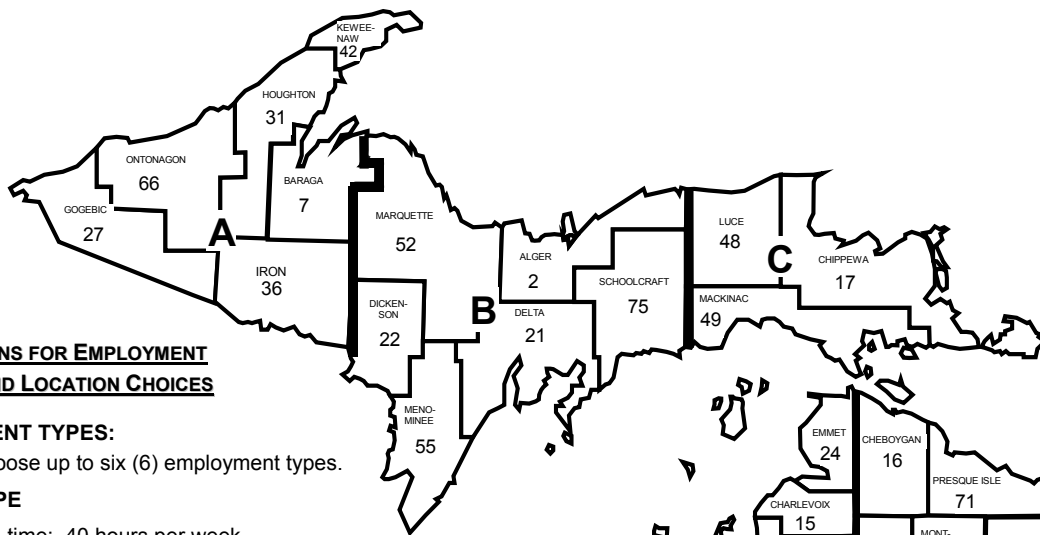
The State of Michigan is an Equal Opportunity Employer

State of Michigan
DEPARTMENT OF CIVIL SERVICE
400 South Pine Street, P.O. Box 30002, Lansing, MI 48909

ADMINISTRATIVE SUPPORT EXAMINATION APPLICATION

All persons offered employment in the classified service are required to submit to and pass a preemployment drug test as a condition of employment. An applicant who refuses to submit to or fails a preemployment drug test, interferes with a test procedure, or tampers with a test sample will be removed from all applicant pools and will be disqualified from state employment for a period of three years. The state of Michigan is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, religion, national origin, ancestry, disability, partisan consideration, age, or sex.

BIOGRAPHICAL DATA				EMPLOYMENT TYPES AND LOCATIONS																												
APPLICANT OR EMPLOYEE ID NUMBER <small>(Leave blank if you do not know your ID number)</small>		AREA CODE/PHONE NO. <small>(Between 8 a.m. and 5 p.m.)</small>		YOU MUST COMPLETE THIS INFORMATION TO BE CONSIDERED FOR ANY JOB. Before completing this section, read the EMPLOYMENT TYPES and LOCATION instructions on the next page.																												
APPLICANT'S NAME (LAST, FIRST, M.I.)				<div style="text-align: center;"> EMPLOYMENT TYPES <table border="1" style="margin: auto; width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </div>																												
STREET ADDRESS				<div style="text-align: center;"> EMPLOYMENT LOCATIONS <table border="1" style="margin: auto; width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </div>																												
CITY		STATE		ZIP CODE																												
E-MAIL ADDRESS (if available)																																
CERTIFICATION: Complete the application and read carefully before submitting. <i>By submitting this application and any attachments, the applicant named above certifies to the Department of Civil Service that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify applicants from consideration for employment with the state of Michigan; or if hired, may be grounds for termination at a later date. Previous employers may be contacted for verification.</i>																																
TEST LOCATIONS — Select one site where you would like to take the written examination, if necessary:																																
<input type="checkbox"/> 10. Detroit <input type="checkbox"/> 30. Lansing <input type="checkbox"/> 70. Ironwood <input type="checkbox"/> 80. Marquette <input type="checkbox"/> 90. Sault Ste. Marie																																
RACE/ETHNIC/GENDER INFORMATION <small>Optional—for reporting purposes only</small> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">M</th> <th style="text-align: center;">F</th> </tr> </thead> <tbody> <tr> <td>WHITE</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>BLACK (AFRICAN AMERICAN)</td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>AMERICAN INDIAN/ALASKAN NATIVE</td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>HISPANIC</td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>ASIAN/PACIFIC ISLANDER</td> <td style="text-align: center;">5 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>MULTIRACIAL</td> <td style="text-align: center;">6 <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>							M	F	WHITE	1 <input type="checkbox"/>	<input type="checkbox"/>	BLACK (AFRICAN AMERICAN)	2 <input type="checkbox"/>	<input type="checkbox"/>	AMERICAN INDIAN/ALASKAN NATIVE	3 <input type="checkbox"/>	<input type="checkbox"/>	HISPANIC	4 <input type="checkbox"/>	<input type="checkbox"/>	ASIAN/PACIFIC ISLANDER	5 <input type="checkbox"/>	<input type="checkbox"/>	MULTIRACIAL	6 <input type="checkbox"/>	<input type="checkbox"/>	ACCOMMODATIONS INFORMATION PROVIDED ON AN INDIVIDUAL'S DISABILITY IS CONFIDENTIAL, NOT SUBJECT TO THE FREEDOM OF INFORMATION ACT, AND CANNOT BE SHARED WITHOUT THE PERMISSION OF THE APPLICANT. Individuals who meet the federal eligibility requirements may be designated as a handicapper or as an individual with a disability and provided accommodations in completing the application, taking the examination, or participating in the referral process; and in certain instances, in a trial appointment program. <input type="checkbox"/> Check this box, if you believe you are eligible and want to participate voluntarily.					
	M	F																														
WHITE	1 <input type="checkbox"/>	<input type="checkbox"/>																														
BLACK (AFRICAN AMERICAN)	2 <input type="checkbox"/>	<input type="checkbox"/>																														
AMERICAN INDIAN/ALASKAN NATIVE	3 <input type="checkbox"/>	<input type="checkbox"/>																														
HISPANIC	4 <input type="checkbox"/>	<input type="checkbox"/>																														
ASIAN/PACIFIC ISLANDER	5 <input type="checkbox"/>	<input type="checkbox"/>																														
MULTIRACIAL	6 <input type="checkbox"/>	<input type="checkbox"/>																														
QUALIFICATIONS Check all the boxes below that apply to you. Attach the required documents for each box you check.																																
<input type="checkbox"/> I possess an associate or bachelor's degree in records management, medical insurance specialist, accounting, office administration, administrative assistant, or secretarial science.						Attach a photocopy of your official college transcripts.																										
<input type="checkbox"/> I have experience in clerical work.						Complete and attach the Employment Record section of this application.																										
<input type="checkbox"/> I have no experience in clerical work and am interested in entry-level positions.						You do not need to attach anything.																										



**INSTRUCTIONS FOR EMPLOYMENT
TYPES AND LOCATION CHOICES**

EMPLOYMENT TYPES:

You may choose up to six (6) employment types.

CODE TYPE

- AA Full-time: 40 hours per week.
 AB Part-time: Less than 40 hours per week.
 AC Intermittent: Hours vary in each department based on work load.
 AD Limited-term appointment.
 AQ Noncareer appointment: Job lasts less than 90 full-time days in a year with no employee benefits.
 AE Seasonal: Work is limited to part of the year.

EMPLOYMENT LOCATIONS: (where you are willing to work)

You may choose up to eighteen (18) employment locations.

Use the map on the right and decide the counties (numbers) or regions (bold letters) in which you will accept an offer of employment. If you pick a region (letter), you will be considered for all counties or locations in that region.

You may choose a combination of counties and regions.

EXAMPLE

In this example, the applicant has selected employment type Codes AA, AB, and AE; Regions S and T; and Counties 80, 39, 13, 38, 81, and 37. This applicant would be referred for any full-time, part-time, or seasonal jobs in the counties and regions selected.

EMPLOYMENT TYPES					
AA	AB	AE			

EMPLOYMENT LOCATIONS							
S	T	80	39	13	38	81	37

INSTRUCTIONS:

1. Complete the application.
2. Attach any required documents.
3. Make a copy for your records.
4. **SEND OR TAKE** your completed application to either of the following Department of Civil Service offices:

Lansing Office

Capitol Commons Center
 400 South Pine Street
 PO Box 30002
 Lansing, MI 48909
 (517) 373-3030
 (517) 335-0191 (TDD Only)*

Detroit Regional Office

Cadillac Place
 4th Floor - Suite 4-400
 3042 West Grand Boulevard
 Detroit, MI 48202
 (313) 456-4400
 (313) 456-4409 (TDD Only)*

Outside Lansing or Detroit, call 1-800-788-1766.

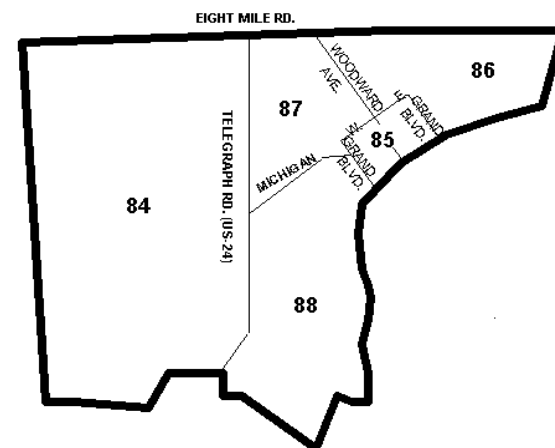
If you have questions about completing this application or would like to obtain Examination Announcements, please contact either of the Department of Civil Service offices listed above.

*Telephone Device for the Deaf

Note: For additional information on state government jobs, visit our Web site at www.michigan.gov/mdcs.

R = WAYNE COUNTY (DETROIT AREA)

IF YOU ARE NOT AVAILABLE FOR ALL OF WAYNE COUNTY, YOU MAY SELECT CERTAIN AREAS OF THE COUNTY BY USING THE NUMBERS FROM THE MAP BELOW.



EMPLOYMENT RECORD

Employment in the Michigan classified service will be verified by reviewing your current position description and payroll record.

Please list below **ALL** of your work experience, starting with your most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty**. Attach additional sheets if necessary.

EMPLOYER	JOB TITLE

STREET ADDRESS	CITY	STATE	ZIP CODE

ZIP CODE

DATE OF EMPLOYMENT (MONTH/DAY/YEAR) FROM _____ TO _____	AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED
--	------------------------	------------------------------------

SUPERVISOR'S NAME	TELEPHONE NUMBER
-------------------	------------------

TELEPHONE NUMBER

DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT EACH WEEK AT EACH DUTY	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

PERCENTAGE	DESCRIPTION OF YOUR DUTIES

%	

%	
---	--

	%
--	---

%	
---	--

%	
---	--

%	
---	--

%	
---	--

%	

100%	
------	--

[illegible]

EMPLOYER	JOB TITLE

STREET ADDRESS	CITY	STATE	ZIP CODE

DATE OF EMPLOYMENT (MONTH/DAY/YEAR) FROM _____ TO _____	AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED
--	------------------------	------------------------------------

SUPERVISOR'S NAME	TELEPHONE NUMBER

TELEPHONE NUMBER

DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT EACH WEEK AT EACH DUTY	

PERCENTAGE	DESCRIPTION OF YOUR DUTIES

%	
---	--

%	
---	--

%	
---	--

%	
---	--

%	
---	--

%	
---	--

%	

%	

100%	
------	--

EMPLOYMENT RECORD

Employment in the Michigan classified service will be verified by reviewing your current position description and payroll record.

Please list below **ALL** of your work experience, starting with your most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty**. Attach additional sheets if necessary.

EMPLOYER		JOB TITLE		
STREET ADDRESS		CITY	STATE	ZIP CODE
DATE OF EMPLOYMENT (MONTH/DAY/YEAR) FROM _____ TO _____		AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED	
SUPERVISOR'S NAME			TELEPHONE NUMBER	

[illegible][illegible]